

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER

REQUEST FOR VERIFICATION OF MEMBERSHIP AND/OR CERTIFICATION OF RID

APPLICANT: Complete this section and submit to the Registry of Interpreters for the Deaf, Inc. (RID) for completion at: Registry of Interpreters for the Deaf, Inc. (RID), 333 Commerce Street, Alexandria, VA 22314, (703) 838-0030.

Last **First Name** **MI** **Former / Maiden Name(s)**

Address: (number, street, city, zip code)

Social Security #: (voluntary)

- -

Daytime Phone Number:

- -

Date of Birth:

/ /

Name on Certification Records: (if different from above)

RID Member ID Number:

Month/Year of Written Exam:

/

Level of Certification:

Month/Year of Certification:

/

Expiration of Certification:

/

Level of Membership in RID
(Certified, Associate, Student):

/ /

Applicant Signature

Date

REGISTRY OF INTERPRETERS FOR THE DEAF, INC. (RID): Please submit to the State of Wisconsin evidence that the individual named above has successfully completed certification requirements as indicated above; or is an associate or student member of RID and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSCredSignLanguageInterpreters@wisconsin.gov.